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No. 4048 P. 1

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S.D. SEC. OF STATESTATE OF SOUTH DAKOTA  
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>Lemmon Leader</u>		2. DATE <u>12/20/13</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>39.00</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>213 Main Ave P.O. Box 180 Lemmon, SD 57638-0180</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>Same as above</u>		
6. FULL NAME OF PUBLISHER: <u>Tanya LeAnn Mitchell</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME <u>See attached</u> COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <u>See attached</u>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>1000</u>	<u>1000</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<u>160</u>	<u>160</u>
2. Mail Subscription (Paid and or requested)	<u>392</u>	<u>374</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>552</u>	<u>534</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<u>31</u>	<u>29</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<u>NA</u>	<u>NA</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>583</u>	<u>563</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>483</u>	<u>437</u>
2. Return from News Agents	<u>NA</u>	<u>NA</u>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<u>1066</u>	<u>1000</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:Tanya LeAnn Mitchell  
(Signature)Publisher  
(Title)Sworn to before me this 23rd day of December, 2013[Signature]  
Notary PublicMy commission expires: 2-8-18



# Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

1. Publication Title Lemmon Leader	2. Publication Number 3 0 9 - 8 2 0	3. Filing Date 09/26/2013
4. Issue Frequency Weekly	5. Number of Issues Published Annually 52	6. Annual Subscription Price \$39 Trade Area, \$44 in South Dakota, \$54 outside SD
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) 213 Main St. PO Box 180 Lemmon, SD 57638		Contact Person Tanya Mitchell Telephone (Include area code) (605) 374-3751
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) Same as above.		

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)

Publisher (Name and complete mailing address)

Tanya Mitchell

Same as above

Editor (Name and complete mailing address)

Jamie Spainhower

Same as above

Managing Editor (Name and complete mailing address)

n/a

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
Steve Hungerford	PO Box 444 Tillamook, OR 97141-0444
Hod Kosman, Kosman Investments LLC	PO Box 2308 Scottsbluff, NE 69363-2308
John Massey, Mirage Investments LLC	PO Box 1648 Scottsbluff, NE 69363-1648
James Massey Jr.	2 W 42nd St Scottsbluff, NE 69361-4669
First State Bank	PO Box 1267 Scottsbluff, NE 69363-1267
Ward Greene	1515 SW 5th Ave Ste 600 Portland, OR 97201-5449

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box

☒ None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☒ Has Not Changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)



13. Publication Title <b>Lemmon Leader</b>		14. Issue Date for Circulation Data Below <b>16 August 2013</b>	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies ( <i>Net press run</i> )		1000	1000
b. Paid Circulation ( <i>By Mail and Outside the Mail</i> )	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	186	179
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 ( <i>Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies</i> )	206	195
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	160	160
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	n/a	n/a
c. Total Paid Distribution ( <i>Sum of 15b (1), (2), (3), and (4)</i> )		552	534
d. Free or Nominal Rate Distribution ( <i>By Mail and Outside the Mail</i> )	(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541	15	14
	(2) Free or Nominal Rate In-County Copies Included on PS Form 3541	16	15
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	n/a	n/a
	(4) Free or Nominal Rate Distribution Outside the Mail ( <i>Carriers or other means</i> )	n/a	n/a
e. Total Free or Nominal Rate Distribution ( <i>Sum of 15d (1), (2), (3) and (4)</i> )		31	29
f. Total Distribution ( <i>Sum of 15c and 15e</i> ) ▶		583	563
g. Copies not Distributed ( <i>See Instructions to Publishers #4 (page #3)</i> ) ▶		483	437
h. Total ( <i>Sum of 15f and g</i> ) ▶		1000	1000
i. Percent Paid ( <i>15c divided by 15f times 100</i> ) ▶		94.68%	94.84%

16. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed in the October 4 2013 issue of this publication.

☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner

Date

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).